

**Application Data Sheet****Application Information**

Application number:: 09/743,338  
Filing Date:: 01/04/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission:: No  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: MULTIVALENT HUMAN-BOVINE ROTAVIRUS  
VACCINE  
Attorney Docket Number:: 015280-341100US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Albert  
Middle Name:: Z.  
Family Name:: Kapikian  
Name Suffix::  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 11201 Marcliff Road  
City of Mailing Address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20892

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: M.  
Family Name:: Chanock  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 7001 Longwood Drive  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JP  
Status:: Full Capacity  
Given Name:: Yasutaka  
Middle Name::  
Family Name:: Hoshino  
Name Suffix::  
City of Residence:: Wheaton  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 2111 Cambridge Park Court  
City of Mailing Address:: Wheaton  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20902

**Correspondence Information**

Correspondence Customer Number:: 45115

**Representative Information**

Representative Customer Number:: 45115

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US99/17036	07/27/99
PCT/US99/17036	An appn. claiming	60/094,425	07/28/98
	benefit under 35 U.S.C.		
	119(e)		

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: The Government of the United States of America  
as represented by the Department of Health and  
Human Services, National Institutes of Health,  
Office of Technology Transfer  
Street of mailing address:: 6011 Executive Blvd., Suite 325  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20852-3804